

and he quotes from Mirabeau, Opitz, Schwab, Gausssel and Fournier in corroboration. He says where marked bladder symptoms precede the kidney symptoms, gonorrhoeal infection should be suspected. He denies that the disease is more common among primigravidae, and cites Opitz's 66 cases in which 32 occurred in primigravidae and 34 in multipara. It occurs in the majority of cases during the latter half of pregnancy. Clinically one meets with two varieties, differing chiefly in the onset. In one there is a preliminary period of longer or shorter duration, of bladder disturbances characterized by frequent and painful micturition, with some tenesmus and a sense of burning over the bladder region. In addition there is more or less malaise.

In the other variety the onset is sudden, resembling an acute infection, ushered in by a chill and followed by a marked elevation of temperature. The chill may be repeated daily and the morning and evening temperatures show marked remissions from 97 to 104. The pulse bears no definite ratio to the temperature and will vary from 90 to 120. The patient gives the impression of being seriously ill, the tongue is coated, loss of appetite, nausea, and even vomiting may be present. The pain at first is diffused over one-half of the abdomen, but in a few days becomes localized over the affected kidney, usually the right. The kidney, as a rule, is not found enlarged, but deep pressure will elicit marked tenderness. Thickening and tenderness of the ureter as it crosses the anterior wall of the vagina is present in

a certain number of cases. At first the urine may show no change beyond a trace of albumen and a high color. In the course of a day or two, it will present the characteristic features. Acid reaction, pungent odor, specific gravity from 1006 to 1020; turbidity while fresh, with a thick sediment on standing; this microscopically consists chiefly of pus, a few red blood corpuscles, numerous caudate epithelia, a few hyaline granular casts and numerous rod-shaped bacteria. Colon bacillus in pure culture, rarely mixed with streptococci or staphylococci, and in a certain percentage of cases the latter cocci alone. In a few the gonococcus will be the only organism found.

The quantity of pus will vary in different specimens passed in the 24 hours; it may occasionally be absent for a day, showing complete obstruction for that period.

In cases due to colon bacterial infections, intestinal disturbances as diarrhoea or obstinate constipation precede the onset of symptoms. The urine after three or four days has a milky turbidity and does not become clear on standing; it contains pus corpuscles and generally a pure culture of the colon bacillus.

Dr. Vineberg continues his article with the differential diagnosis between pyelitis of pregnancy and the puerperium and such conditions which are mistakenly called appendicitis, acute cholecystitis, typhoid fever, acute salpingitis, retained dead foetus and pleurisy. He completes the very excellent article with a summary of cases which he has treated. (P. B.)

## PROCTOLOGY

### THE TREATMENT OF SYPHILITIC STRICTURE OF THE RECTUM.

(The *Proctologist*, September, 1908.)

Dr. W. M. Beach, of Pittsburg, states that if the case is seen early much can be done to avoid disastrous consequences; but, as the

disease is so insidious in onset and development by virtue of the fact that it is usually located in the painless area, and that nothing short of obstipation drives the patient to seek advice, it is obvious that palliative treatment only increases the irritation and produces a greater degree of stricture. For this reason

the injection of fluids is needed only for cleansing purposes and such procedures as gradual dilatation by the passage of bougies, forcible divulsion, proctotomy and even excision are only of temporary benefit.

The author concludes that a permanent colostomy is the preferable plan of treatment, as this procedure permits of effective irrigation of the rectal cavity. He considers ascending doses of strontium iodide of value, but states that he has never been able to destroy the syphiloma with it.

Irrigations should be used daily for the first month and less frequently thereafter. For this purpose normal salt solution may be used, alternating with solutions of potassium permanganate, or nitrate of silver, twenty grains to the quart, or ichthyol, a drachm to the quart, or boracic acid.

Defecation through a properly constructed inguinal anus is complete, painless and under reasonable control. The patient soon becomes reconciled to his condition, and rapidly improves in health.

The author draws the following conclusions:

1. Syphilitic stricture of the rectum is the result of badly treated cases of syphilis in the early stages.

2. It is more frequently found in the female for the reason that the primary lesion is more apt to be overlooked.

3. Direct surgical attack of rectal syphiloma does not insure permanent relief; but rather aggravates the trouble.

4. Specific constitutional treatment should be instituted with the hope of favorably improving the diseased tissues.

5. Permanent colostomy is the treatment of choice, in that it renders possible effective irrigation and restores the bowel function.

(A. B. C.)

## AMEBIASIS: ITS SYMPTOMATOLOGY, DIAGNOSIS, SEQUELAE AND TREATMENT.

(*The Proctologist*, Sept., 1908.)

Dr. John L. Jelks, of Memphis, Tenn., calls attention to the prevalence of this disease in the South.

Marked differences have been ascribed to the ameba as to its character and action in different cases, especially with reference to their phagocytic properties and their motility. The author refers to associated infection as playing an important role in many cases and attributes to this mixed infection the difference in character of ulceration in the higher parts of the colon and that in the rectum.

Cases of amebiasis are referred to as occurring in nests, in the low marshy districts, in the sparsely settled alluvial sections and in the suburban mill districts of the city. None of the cases in the city were residents of the highland portion and all of them partook of fresh vegetables which were grown in the bottoms and washed with water from shallow wells.

The author views with suspicion all cases of violent acute dysentery or chronic diarrhea with mucus discharge. He states with emphasis that he has not found the symptoms of dysentery and diarrhea essential to the existence of amebiasis; on the other hand, he has encountered cases in which constipation or obstipation was complained of, and he calls special attention to this statement as being contrary to the generally accepted theory.

In the majority of cases, however, the patient complains of and the predominant symptom in chronic cases is that of recurring diarrhea, which has existed for several months or years, associated with a quantity of mucus, occasionally blood stained.

The symptoms in malignant acute cases are quite severe from the onset, the patient suffer-

ing great exhaustion from numerous movements and the septic condition which soon ensues. Sometimes large casts of mucosa are expelled, as also casts of mucous and fibrin. These latter are most fatal and should they recover from the acute symptoms, very often lapse into a sub-acute or chronic condition which may last for years with periods of abatement and exacerbation of symptoms.

The author reviews the symptomatology and states that a diagnosis might be overlooked without the aid of the microscope, which, if put into more general use by clinicians, in the South especially, would reveal heretofore unsuspected cases as of this origin.

In reciting the sequelae and gross intestinal pathology in a series of twenty-five cases, the author refers to many features, and states that in two recently treated cases, small openings or ulcers extended into extensive sub-mucous abscesses.

Often the intestinal mucosa presents only slight ulceration, or a general red granular appearance, or is perhaps edematous, and though these are amebic, a mixed infection is thought accountable for certain phases of this process, for the amebae prefer the juicy sub-epithelial structures, and the pathology is chiefly sub-epithelial. The colon bacilli and streptococci are accorded importance in part of the inflammatory process, especially in the rectum. Thus is explained the great difference in the character of the ulcers found there and those seen in the higher portions of the colon.

Autopsy in one case showed marked strictures and thickening of rectal wall, while in the splenic flexure, which was the seat of fatal perforative ulceration, the ulcers were sharp cut, round and oval seen through a thin gut with only lightly adherent omentum covering the perforation.

Periods of exacerbation and abatement of symptoms in these chronic cases are due to several causes, chiefly the difference in ac-

tivity and virulence of different generations of this protozoa. Certain differences exist also in activity in sporulation and in the process of encystation.

In the twenty-five cases cited by the author he noted four cases in which infection in the liver was diagnosed, two of which were verified by operation; five cases of stenosis, more or less marked; two cases of valvular stenosis; two perforations, one of which was verified by autopsy; one case in which casts of mucosa were expelled; one case from which seven adenomata were removed from the upper rectum; in three cases jaundice was marked; three cases had hemorrhoids and one case had rectal abscess and fistula; one case suffered an impaction in the sigmoid, the size of a fetal head, the result of stenosis below and thinning of the musculosa above; one case had infected gall bladder which required drainage; in four cases appendiceal involvement was diagnosed; in one case in which appendicectomy was performed, adhesions were found, the result of an attack since the dysentery was established, and in this case great thickening of the peritoneum and a tubercular family history afforded reason for suspecting a tubercular complication. However, Lewis' law could not be verified.

In the treatment of these cases the author first emphasizes the importance of a properly selected diet. He uses solutions of formalin and boric acid and formalin and copper phenol-sulphonate in high irrigations. His topical applications through the sigmoidoscope he uses varying strength solutions of silver nitrate, followed by instillations of boric acid, arecol, iodoform or bismuth subnitrate in olive oil. The washing away of necrotic material and the infectious organisms explains in part the action of the irrigations, but they also stimulate the vaso-motor supply, relieve congestion and stasis, increase the supply of blood to the parts and perhaps aid in the development of antitoxic bodies. (A. B. C.)

## DERMATOLOGY

## LUPUS ERYTHEMATOSUS.

(J. P. Kanoky, Kansas City, Mo., Med. Rec., Sept. 12, 1908.)

Kanoky reports six cases from which he decides that the iodide-quinine, or iodide-salicin, method of treatment gives excellent results, especially when used early in the disease. In cases of long standing he recommends the local application of salicylic-pyrogallie-coldion. He finds the x-rays of value in some cases.—(J. M. K.)

## LIQUID CARBON DIOXIDE IN DERMATOLOGY.

Pusey was the first to call attention to C.O.<sub>2</sub> in dermatology. Since he gave his reports it has been used by many. The gas from the large iron cylinder ordinarily used by the maker of carbonated water, is the material that is used. A chamois skin with a sort of pocket made in the middle of it is used to collect the carbonic snow from the valve of the cylinder. The snow can be

moulded to fit any size lesion and is placed on until the desired extent of freezing is produced; after a time a mild sloughing follows. It may be used with benefit in lupus-vulgaris, warts, nevi (such as birth-marks), epitheliomata, etc.—(J. M. K.)

## QUININE IN DERMATITIS EXFOLIATIVA.

(Journal Cut. Dis., W. H. Mook, St. Louis, Mo.)

Mook reports six cases in which he used quinine in larger doses, with striking tolerance. The urine showed no hematuria or albuminuria, even when 80 or 85 grains were given in 12 hours. Cinchonism was produced to the extent of extreme tinnitus aurium before the dose was reduced. The effect in all cases was noticed within a few days, the subsidence of the exfoliation and the reduction of the erythema and edema were rapid. In one patient the reduction of the dose from 60 grains daily to 20 grains allowed a slight relapse, which was controlled by raising the dose again.—(J. M. K.)

## EYE, EAR, NOSE AND THROAT

## THE STATUS LYMPHATICUS, WITH PARTICULAR REFERENCE TO ANESTHESIA IN ADENOID AND TONSIL OPERATIONS.

(W. Humes Roberts, Pasadena, Cal., in September *Laryngoscope*.)

Dr. Roberts was led to look into the subject on account of so many deaths having occurred recently under general anesthesia in

and around Los Angeles. The cause of death under general anesthesia has been ascribed by most investigators to the "Status Lymphaticus," or the lymphatic constitution. In nearly all cases in which the status lymphaticus has been demonstrated at autopsy, enlargement of the thymus gland has been found. This enlargement, associated with sudden death, was first mentioned by Bichat in 1723. Copp called attention to it in 1829. Jacobi, in this country, and Grawitz, in Germany, took